Fill	in this information to identify your ca	ase:								
Del	btor 1 JUAN CARL	OS PRADO NICASIO								
1 -	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the	: DISTRICT OF PUERT	TO RICO		_					
Ca	se number 19-06224					Chec	ck if this is	s:		
(If kı	nown)		-				An amend	ed filing		
							supplem	ent showir	ng postpetition ollowing date:	
0	fficial Form 106l					Ī	/MM / DD/ `	YYYY		
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing wi	ith you, do not inclu	ıde infor	mati	on abou	t your sp	ouse. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor	2 or non-f	iling spouse	
	If you have more than one job,	Employment status*	■ Employed				☐ Employed			
attach a separate page with information about additional employers.		Employment status	☐ Not employed				☐ Not employed			
		Occupation	GENERAL ADMINISTRATOR			DR				
	Include part-time, seasonal, or self-employed work.	Employer's name	LA FORTUNA (CORP.						
	Occupation may include student or homemaker, if it applies.	Employer's address	375 CALLE 11 HILL BROTHER San Juan, PR 0							
		How long employed the		TO PRE			nal Emplo	oyment Inf	formation	
Pa	rt 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to	report for	any	line, write	e \$0 in the	e space. In	clude your no	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	on for all e	empl	oyers for	that person	on on the li	ines below. If	you need
						For De	btor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2	2,296.67	. \$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	2,2	96.67	\$	N/A	

Case number (if known) 19-06224

				For	Debtor 1		Debtor 2 or a-filing spouse
	Сору	line 4 here	4.	\$	2,296.67	\$	N/A
5.	List a	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	229.67	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$_	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$_	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$ _		\$_	
	5u. 5e.	Insurance	5u. 5e.	· —	0.00	\$ 	N/A
				\$_	0.00	· · —	N/A
	5f.	Domestic support obligations	5f.	\$_	0.00	\$_	N/A
	5g.	Union dues	5g.	\$_	0.00	\$_	N/A
_	5h.	Other deductions. Specify:	5h.+	· —		+ \$_	N/A
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u> </u>	229.67	\$ _	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,067.00	\$_	N/A
8.	List a	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,125.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$_	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	nt				
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$_	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
	8h.	THERAPIST WYNDHAM PT EMPLOYEE AT \$60.75 EA X 7 Other monthly income. Specify: LESS DISC	8h.+	\$	235.72	+ \$	N/A
		SISTER CO-OWNERSHIP CONTRIBUTION		\$	2,175.00	\$	N/A
		RENT FROM LA FORTUNA		\$_	6,350.00	\$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	10,885.72	\$_	N/A
10	Cala	ulete menthu income. Add line 7 v line 0	10 6	4	0.050.70		N/A \$ 40.050.70
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	17	2,952.72 + \$_		N/A = \$ 12,952.72
11.	Include other	e all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, you friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are no ify:	ır depend		•		Schedule J. 11. +\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certales					12. \$ 12,952.72
13.	Do y	ou expect an increase or decrease within the year after you file this form	n?				Combined monthly income
	_	Yes Explain:					

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	ESTHETIC AND MASSAGE THERAPIST	
Name of Employer	WYNDHAM RESORT & SPA	
How long employed	2/2014 TO PRESENT	
Address of Employer	600 RIO MAR BLVD	
	Rio Grande, PR 00745	

Fill	in this information to identify your case:				
Deb	otor 1 JUAN CARLOS PRADO NICASIO		Check	if this is:	
			■ A	n amended filing	
	ouse, if filing)			supplement show 3 expenses as of t	ring postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF PUERTO RICO		N	IM / DD / YYYY	
Cas	se number 19-06224				
(If k	nown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate House	hold of Debto	r 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				■ No
	dependents names.	Son		5	Yes
					□ No
		-			☐ Yes ☐ No
					☐ Yes
					□ No
_					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
Est	bilimate your expenses as of your bankruptcy filing date unless yoenses as of a date after the bankruptcy is filed. If this is a suppolicable date.				
•		· · · · · · · · · · · · · · · · · · ·			
	lude expenses paid for with non-cash government assistance i value of such assistance and have included it on Schedule I: \				
(Of	ficial Form 106l.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot.	nclude first mortgage	4. \$		175.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		25.00
_	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5. \$		0.00

6b. 6c. 6d. 67. Food a 8. Childo 9. Clothin 10. Person 11. Medica 12. Transp Do not 13. Entert: 15. Insura Do not 15a. I 15b. I 15b. I	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	73.00 26.00 52.00 0.00 315.00 333.33 75.00 35.00 50.00 295.00 75.00 0.00
6a. I 6b. 0 6c. 6d. 0 7. Food a 8. Childo 9. Clothii 10. Persoi 11. Medica 12. Transp Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations unce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	26.00 52.00 0.00 315.00 333.33 75.00 35.00 50.00 295.00
6c. 6d. 0 7. Food a 8. Childo 9. Clothii 10. Persoi 11. Medica 12. Transp Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations unce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	26.00 52.00 0.00 315.00 333.33 75.00 35.00 50.00 295.00
6d. 0 7. Food a 8. Childo 9. Clothii 10. Persoi 11. Medica 12. Transp Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	Other. Specify: and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations unce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	6d. 7. 8. 9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 315.00 333.33 75.00 35.00 50.00 295.00
 7. Food a 8. Childo 9. Clothii 10. Person 11. Medica 12. Transpon not 13. Enterta 14. Charita 15. Insura 15a. I 15b. I 	and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations unce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	7. 8. 9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 315.00 333.33 75.00 35.00 50.00 295.00
7. Food a 8. Childo 9. Clothii 10. Person 11. Medica 12. Transp Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations unce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	7. 8. 9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	315.00 333.33 75.00 35.00 50.00 295.00 75.00
8. Childo 9. Clothii 10. Person 11. Medica 12. Transp Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	8. 9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	333.33 75.00 35.00 50.00 295.00 75.00
9. Clothin 10. Person 11. Medica 12. Transp Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ance. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	75.00 35.00 50.00 295.00 75.00
 10. Persoi 11. Medici 12. Transp Do not 13. Entert 14. Charit 15. Insura Do not 15a. I 15b. I 	nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	10. 11. 12. 13. 14.	\$ = \$ = \$ =	35.00 50.00 295.00 75.00
 11. Medica 12. Transponot 13. Enterta 14. Charita 15. Insura 15a. I 15b. I 	al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	11. 12. 13. 14.	\$ \$ \$	50.00 295.00 75.00
12. Transp Do not 13. Entert: 14. Charit: 15. Insura Do not 15a. I 15b. I	portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	12. 13. 14.	\$ \$	295.00 75.00
Do not 13. Enterta 14. Charita 15. Insura Do not 15a. I 15b. I	include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	13. 14.	\$	75.00
 13. Enterta 14. Charita 15. Insura Do not 15a. Insura 15b. Insura 	ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance	13. 14.	\$	75.00
14. Charit : 15. Insura Do not 15a. I 15b. I	able contributions and religious donations ince. Include insurance deducted from your pay or included in lines 4 or 20. Life insurance	14.	·	
15. Insura Do not 15a. I 15b. I	ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance		>	0.00
Do not 15a. I 15b. I	include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.		
15a. I 15b. I	Life insurance	15a.		
15b. I		15a.	Φ.	0.00
	Health Insurance	4.51	·	0.00
15c \		15b.	·	242.00
	Vehicle insurance	15c.	\$	55.00
15d. (Other insurance. Specify:	15d.	\$	0.00
Taxes.Specify	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17. Install	ment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	0.00
17b. (Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.		0.00
	payments of alimony, maintenance, and support that you did not report a		Ψ	0.00
	ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	200.00
	payments you make to support others who do not live with you.	•	\$	0.00
Specify		19.	Ψ	0.00
	y. real property expenses not included in lines 4 or 5 of this form or on Scl		our Incomo	
	Mortgages on other property	20a.		826.00
	Real estate taxes	20a. 20b.		
			·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	\$	150.00
20e. I	Homeowner's association or condominium dues	20e.	\$	0.00
21. Other:	Specify: PAYMENT OF MORTGAGE TO BPPR COMMERCIAL			
	PROPERTIES	21.	+\$	1,100.00
22. Calcul	ate your monthly expenses			
22a. A	dd lines 4 through 21.		\$	4,102.33
22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-
	dd line 22a and 22b. The result is your monthly expenses.		\$	4,102.33
220. A	ad mio LEd and LED. The foodicto your monthly expenses.			7,102.33
23. Calcul	ate your monthly net income.			
23a. (Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	12,952.72
	Copy your monthly expenses from line 22c above.	23b.	-\$	4,102.33
				-,:
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	8,850.39
	The reductio your monthly not income.		I	•
24. Do yo ı	u expect an increase or decrease in your expenses within the year after	ou file this	form?	
For exa	imple, do you expect to finish paying for your car loan within the year or do you expect yo ation to the terms of your mortgage?			ease or decrease because of a
■ No.				
□ Yes				

Fill in this info	rmation to identify your	case:					
Debtor 1	JUAN CARLOS PRADO NICASIO						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing) First Name		Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF PUERTO RICO					
Case number (if known)	19-06224						

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read to that they are true and correct. X /s/ JUAN CARLOS PRADO NICASIO JUAN CARLOS PRADO NICASIO Signature of Debtor 1	the summary and schedules filed with this declaration and X Signature of Debtor 2
Date September 9, 2021	Date

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE:	CASE NO. 19-06224 MCF
JUAN CARLOS PRADO NICASIO	CHAPTER 13
Debtor	

STATEMENT OF PURPOSE AND CERTIFICATE OF SERVICE OF AMENDED SCHEDULES I & J

I HEREBY CERTIFY and STATE that: the purpose of the amended Schedule I is to include the change of salary that is received by Debtor as employee and administrator, the increase of the sister share and the increase of rent received by the corporation La Fortuna, Inc.

That on this September 9, 2021, I electronically filed the foregoing with the Clerk of the Court using CM/ECF System which will send notifications of such filing to the following:

- JOSE RAMON CARRION MORALES newecfmail@ch13-pr.com
- ADA M CONDE courtnotices1611@gmail.com, 1611bank@gmail.com;1611lawandjustice@gmail.com;estudiolegalpr@yahoo. com;condeprlaw@gmail.com;condebank@gmail.com;CONDEAR53874@noti fy.bestcase.com
- MONSITA LECAROZ ARRIBAS ustpregion21.hr.ecf@usdoj.gov
- LYSSETTE A MORALES VIDAL lamoraleslawoffice@gmail.com, irma.lamorales@gmail.com;LYSSETTEMORALESLAWOFFICE@jubileebk. net
- **JOSE J SANCHEZ VELEZ** jsanchez@bdslawpr.com, bankruptcy@bdslawpr.com
- EDUARDO M VERAY eduardo.veray@popular.com, eduardoveray@gmail.com

NOTICE

Notice is hereby given to **ALL CREDITORS AND ALL PARTIES WITH INTEREST** to file an objection to the amended Schedules I & J in fourteen (14) days. If an objection is not filed the Court, after considering the grounds of this motion, these amendments could be granted.

CERTIFICATE OF SERVICE

AND I HEREBY CERTIFY that I have mailed by United States Postal Service the amended Schedules I & J to the non-CM/ECF participants and to all creditors and parties with interest as per the attached master address list.

In San Juan, Puerto Rico, on September 9, 2021.

/s/ Ada M. Conde ADA M. CONDE, ESQ. USDCPR 206209 Law and Justice for All, Inc PO Box 11674 San Juan PR 00910 Tel: 787-721-0401/787-717-7355 Email: 1611lawandjustice@gmail.com Label Matrix for local noticing 0104-3 Case 19-06224-MCF13 District of Puerto Rico Old San Juan Thu Sep 9 15:44:42 AST 2021

US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964

BANCO POPULAR DE PUERTO RICO BERMUDEZ DIAZ & SANCHEZ LLP PO BOX 362708 SAN JUAN, PR 00936-2708

Banco Popular de Puerto Rico Special Loans Department (749) PO Box 362708 San Juan, PR 00936-2708

DEPARTAMENTO DE HACIENDA NEGOCIADO DE RENTAS INTERNAS PO BOX 9024140 San Juan, PR 00902-4140

MARILIN PRADO NICASIO CALLE GALAPAGOS 877-A URB. COUNTRY CLUB San Juan, PR 00924-1735

SEARS PREMIER CARD PO BOX 183114 Columbus, OH 43218-3114

ADA M CONDE 1611 LAW AND JUSTICE FOR ALL INC PO BOX 13268 SAN JUAN, PR 00908-3268

JUAN CARLOS PRADO NICASIO CALLE PEREIRA LEAL 631 COND. JARDINES DE VALENCIA APARTAMENTO 1110 San Juan, PR 00923-1935 BANCO POPULAR DE PUERTO RICO (BDS) BERMUDEZ, DIAZ & SANCHEZ LLP PO BOX 362708 SAN JUAN, PR 00936-2708

DEPARTMENT OF TREASURY
BANKRUPTCY SECTION 424 B
PO BOX 9024140
SAN JUAN, PR 00902-4140

BANCO POPULAR HIPOTECAS PO BOX 71375 San Juan, PR 00936-8475

CENTRO DE INGRESOS MUNICIPALES PO BOX 195387 San Juan, PR 00919-5387

DIONISIO BENITEZ RODRIGUEZ Venus Gardens Norte 1695 Calle Chichuahua San Juan, PR 00926-4640

MARYLIN PRADO NICASIO CALLE GALAPAGOS 877-A URB. COUNTRY CLUB San Juan, PR 00924-1735

Synchrony Bank c/o of PRA Receivables Management, LLC PO Box 41021 Norfolk, VA 23541-1021

DIONISIO BENITEZ RODRIGUEZ VENUS GARDEN NORTE 1695 CALLE CHIHUAHUA SAN JUAN, PR 00926-4640

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

BANCO POPULAR PR - SPECIAL LOANS PO BOX 362708 SAN JUAN, PR 00936-2708

BANCO POPULAR BANKRUPTCY DPT. PO BOX 366818 San Juan, PR 00936-6818

BANCO POPULAR SPECIAL LOANS PO BOX 362708 San Juan, PR 00936-2708

CRIM PO BOX 195387 SAN JUAN, PR 00919-5387

JOSE CHARLIE MALDONADO CALLE JULIO ANDINO 642 URB. VILLA PRADES San Juan, PR 00924-2107

(p)PENTAGON FEDERAL CREDIT UNION ATTN BANKRUPTCY DEPARTMENT P O BOX 1432 ALEXANDRIA VA 22313-1432

V. SUAREZ & CO. PO BOX 364588 San Juan, PR 00936-4588

JOSE RAMON CARRION MORALES PO BOX 9023884 SAN JUAN, PR 00902-3884

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

PENTAGON FEDERAL CREDIT UNION PO BOX 1432 Alexandria, VA 22313-2032

End of Label Matrix
Mailable recipients 25
Bypassed recipients 0
Total 25